

**DEPARTMENT OF INSURANCE**

ADMINISTRATION & LICENSING SERVICES BRANCH

PRODUCER LICENSING BUREAU

320 CAPITOL MALL

SACRAMENTO, CA 95814

(800) 967-9331 OR

(916) 322-3555

(916) 327-6907 (FAX)

www.insurance.ca.gov



APPLICATION FOR REINSTATEMENT OF LICENSE

CHECK ONE OF THE FOLLOWING  
REASONS FOR SUSPENSION

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Name of Qualified Manager

☐ QUALIFIED MANAGER TERMINATED

☐ EXPIRED - FAILURE TO \_\_\_\_\_ License No. \_\_\_\_\_ Type of License  
RENEW FOR: \_\_\_\_\_

☐ OTHER: (Explain) \_\_\_\_\_ Date License Issued \_\_\_\_\_ Date Suspended  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Address of principal place of business (city) (zip) (area) telephone no.  
(cannot be a post office box number)

I hereby declare under penalty of perjury that during the period of suspension, applicant has not engaged in any practice, or committed any act, for which a license is required under Chapter 11, Business and Professions Code, that there has been no change in ownership or officers that has not been reported to the Bureau, and that the foregoing is a true and correct statement:

\_\_\_\_\_  
Date Signature of Qualified Manager

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ADDITIONAL REQUIREMENTS FOR REINSTATEMENT

In order for the Bureau to reinstate your license, it must receive the items checked below:

☐ Delinquent renewal fee in the amount of \$ \_\_\_\_.

☐ Reinstatement fee in the amount of \$ \_\_\_\_.

☐ Other:

Mail fees and documents to: Department of Insurance, P.O. Box 1139, Sacramento, CA 95812-1139.

Form 31R-3 (Rev. 01/2003)